

FOR OFFICE USE ONLY

Date Received: _____

No.: _____

North Carolina Youth Advisory Council

2015-2016 MINI-GRANT APPLICATION

DEADLINE FOR APPLICATION IS OCTOBER 30, 2015

PLEASE TYPE OR PRINT (Please submit 20 copies)

1. Name of Organization _____ 2. Name of Adult Contact _____ 3. Telephone Number _____

4. Physical Address (Not a P.O. Box) _____ 4a. County _____

5. E-Mail Address _____ 6. Age of Council/Organization: _____ Months _____ Years 7. Number of Youth Members: _____

8. Is your Organization funded? (If yes, give brief statement of amount and purpose of funding) ____ Yes ____ No

9. Give a Brief History of your Organization _____

10. Have you received Mini-Grant money before? ____ Yes ____ No If yes, when and for what project. Briefly describe the results of the project. _____

11. Have you sought funds from other sources? ____ Yes ____ No If yes, list sources and amounts. _____

12. Amount Requested: _____ 13. Number of Youth to be Served: _____ 14. Ages of Youth to be Served: _____

15. Give a detailed description of the Project, stating Purpose and Goals. Attach additional pages if necessary. _____

16. Give an itemized budget of the project for which you are seeking funds. Attach additional pages if necessary. _____

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17. Define the Project Timetable, including Specific Dates. Attach additional pages if necessary.

18. Will the project continue after the mini-grant funds are completely used? If so, how?

NOTE: Any non-governmental agency that receives state grant funds must submit a report to the Office of State Budget and Management within nine months of the end of that agency's fiscal year. This report must be submitted online at <https://www.ncgrants.gov/NCGrants/Home.jsp> and a copy must be sent to the Youth Advocacy and Involvement Office.

19. Signature of Local Organization Chairperson (youth):	Age:	Date:
20. Signature of Local Organization Advisor (adult):	Date:	

21. Organization's Federal Identification Number: **(MANDATORY – applications will not be processed without this number)**

22. Web URL Address, if applicable.

23. Ending date of your fiscal year:

24. Is your organization Incorporated? Yes _____ No _____

If yes, your organization's corporate seal is required to be affixed to the contract if selected to receive a Mini-Grant.

Return Completed Application To: Erica Gallion
N.C. Youth Advocacy & Involvement Office
Mini-Grant Application
1319 Mail Service Center
Raleigh, NC 27699-1319
Telephone: (919) 807-4406